

No 41

Ch.

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343 Market

An. 1825.

Dated March 15th.

on,

Tracheitis

for the degree of
Doctor of Medicine,

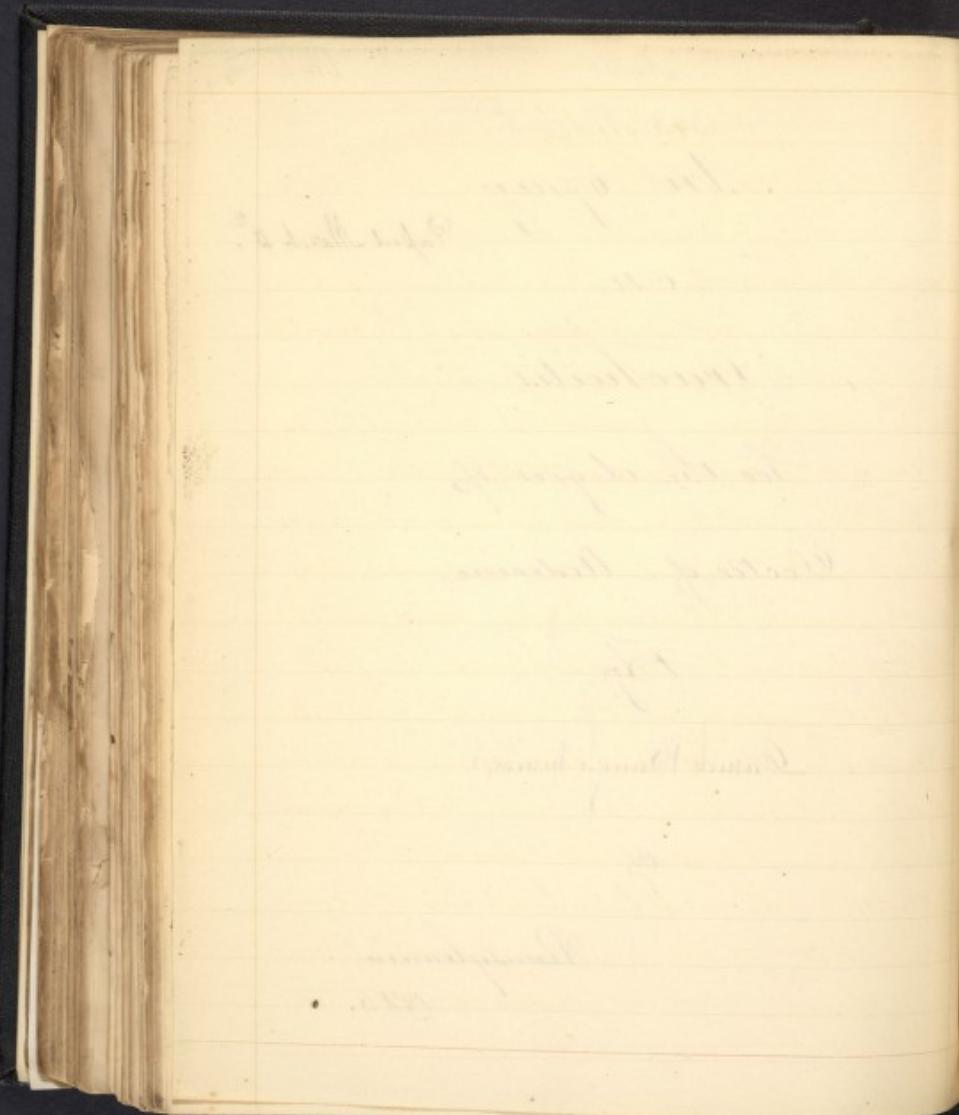
1 Br.

David Daugherty, Jr.,

of

Pennsylvania,

1825.



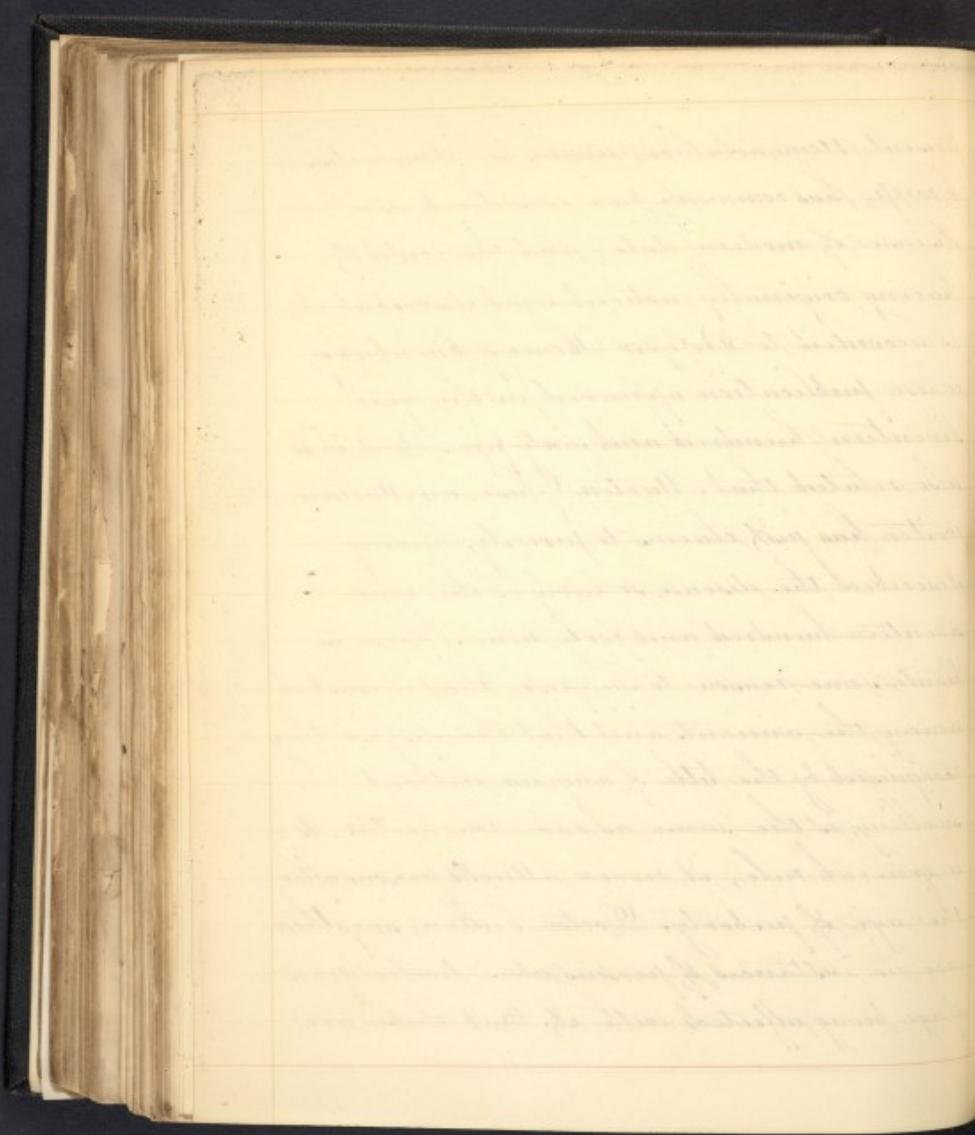
Strachitis.

Among the many evils, which afflict the human race, there is none, which makes more unexpected attacks, upon the best feelings of our nature, or more suddenly shrouds the brightest anticipations of parental happiness in gloom, than the disease, denominated Strachitis, as it frequently commences without premonition, or perceptible symptoms, and passes rapidly from perfect health to a state of mortal danger. It is for the most part confined to the early part of life, embracing the periods between the first and sixth year, and if not speedily relieved, terminates fatally in a few hours. A variety of appellations have been given to this disease, which shall pass over, as deserving little attention. The most familiar terms are croup, and hives; but, the most appropriate term and the one most in accordance with the

Wendyville

Wendyville
is a town in the state of New
York. It is located in the town of
Southold, which is in the county of
Suffolk. The town has a population
of approximately 1,500 people.
The town is named after a person
named Wendy. The town is known
for its beautiful beaches and
its many parks and playgrounds.
It is also known for its annual
Wendyville Fair, which is held
every year in the summer. The
fair features many different
activities, including a petting
zoo, a人才 fair, and a
variety of food and drink
vendors. The town is also
known for its historic buildings,
including the Old Southold
Meeting House, which is a
National Historic Landmark.

present nomenclature, would be Tracheitis.
Croup, has commonly been considered, as a
disease of modern date; and the credit of
having originally noticed and described it,
is accorded to Professor Home of Edinburgh,
whose publication appeared, in the year
seventeen hundred and sixty five. But, it is
also related that Martin Chese, an Italian
writer, has just claims to priority; having
described the disease so early as the year
seventeen hundred and forty nine. There is
besides, some reason to suppose, that it existed
among the ancients and that the disease they
recognised by the title of, angina, without
swelling, is the same, as our Tracheitis. As
a general rule, it never attacks persons after
the age of puberty. Doctor Bullen, says there
are no instances of persons above twelve years
of age being affected with it. But there are



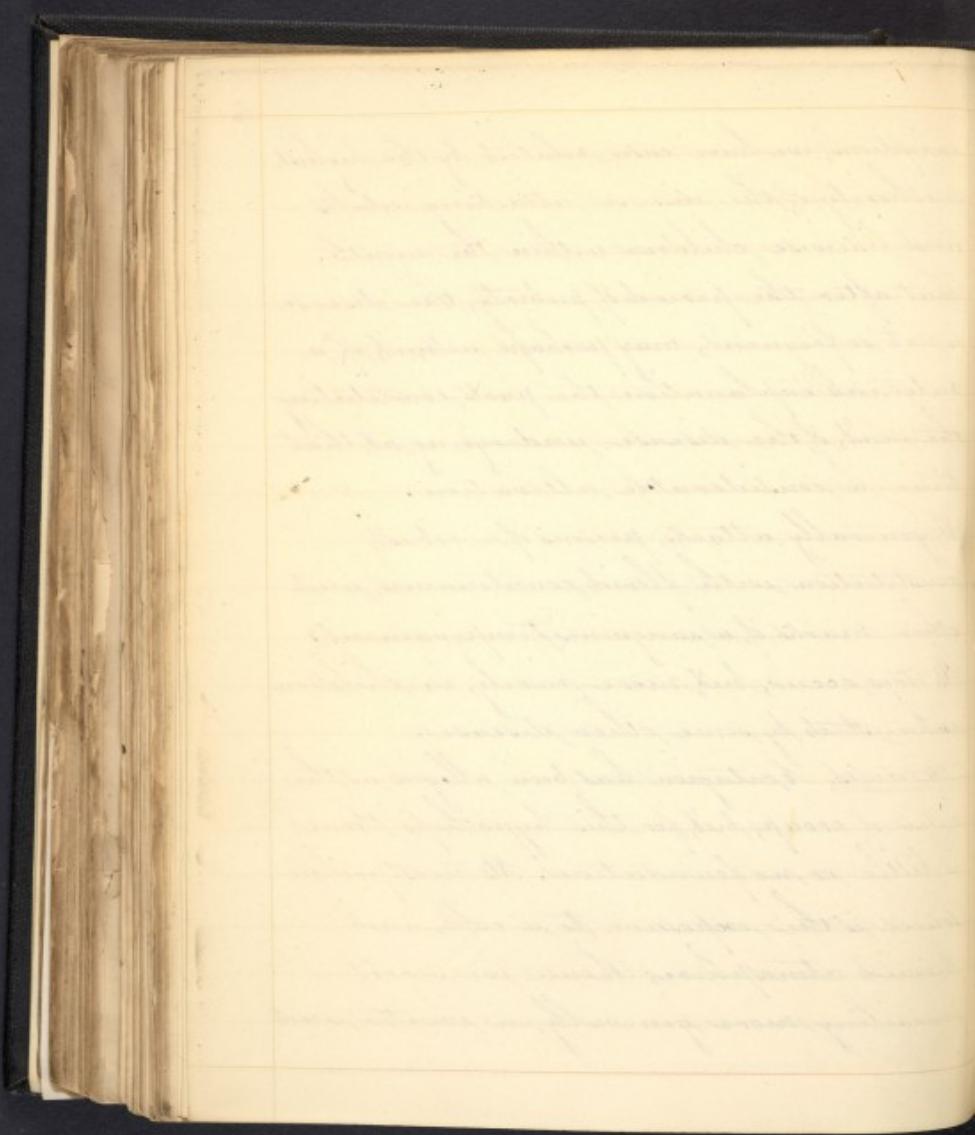
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exceptions, we have cases, related by the highest authority, of the disease attacking adults and likewise children, within the mouth.

That after the period of puberty, the disease is not so frequent, may perhaps, admit of a rational explanation, the parts constituting the seat of the disease, undergoing, at that time, a considerable alteration.

It generally attacks persons of a robust constitution with florid countenances, and other marks of a sanguine temperament. It does occur, but more rarely, in children exhausted by some other disease.

Causa: Contagion has been alleged as the cause of croup, but, for this hypothesis there is little or no foundation. Its most prolific source is the exposure to a cold, and humid atmosphere; whence we see it prevailing more generally, in winter, and

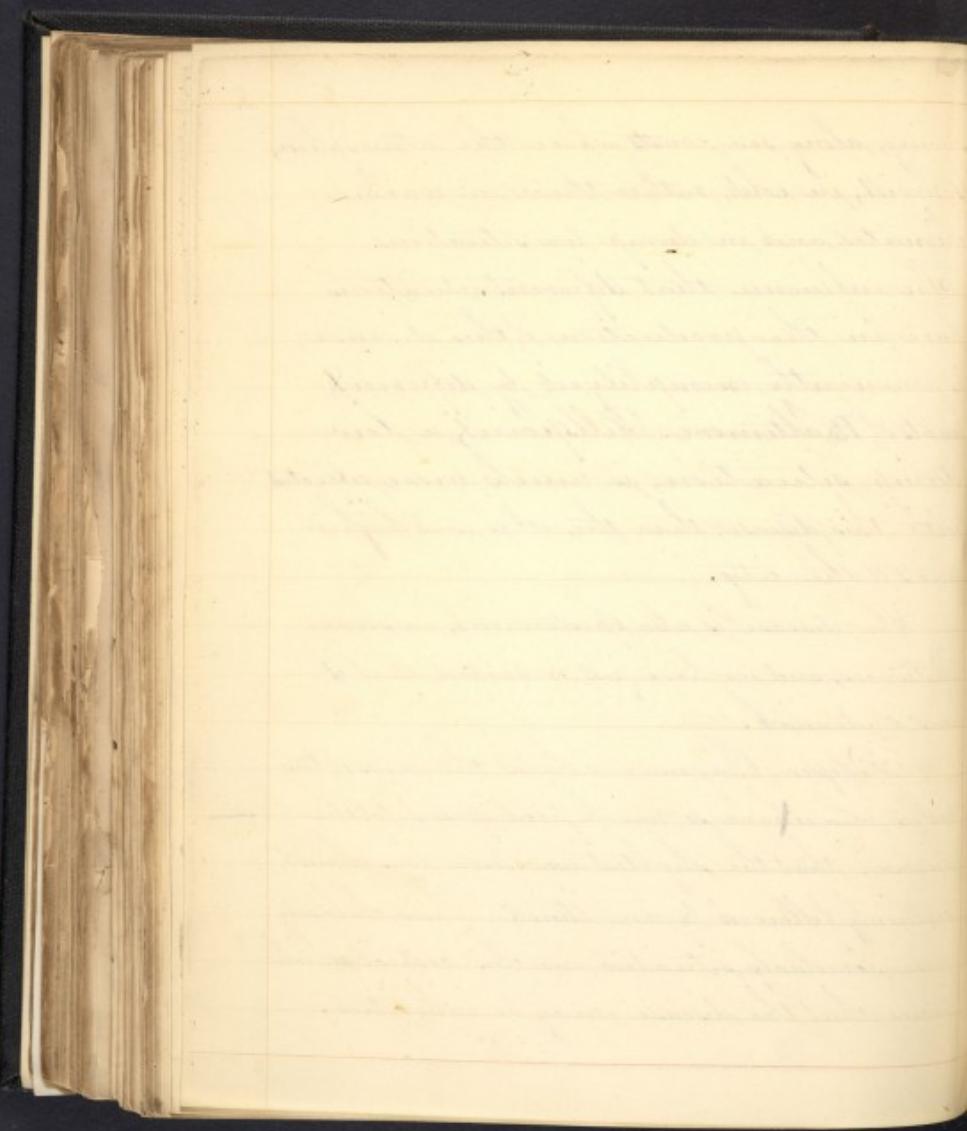


spring, along sea coasts, where the atmosphere is moist, in cold, rather than in warm climates, and in damp low situations.

The influence that different situations have in the production of this disease, is eminently exemplified by different parts of Baltimore. Fellspoint, a low damp situation, is much more affected with this disease, than the other, and higher parts of the city.

The disease is also epidemical, in some instances, and we have just remarked that it was endemic.

Professor Chapman related the cases of two ladies who were so much predisposed to the disease, that the slightest exposure was almost certainly followed by an attack; Their children were similarly situated in this respect, which proves that the disease may be inherited.

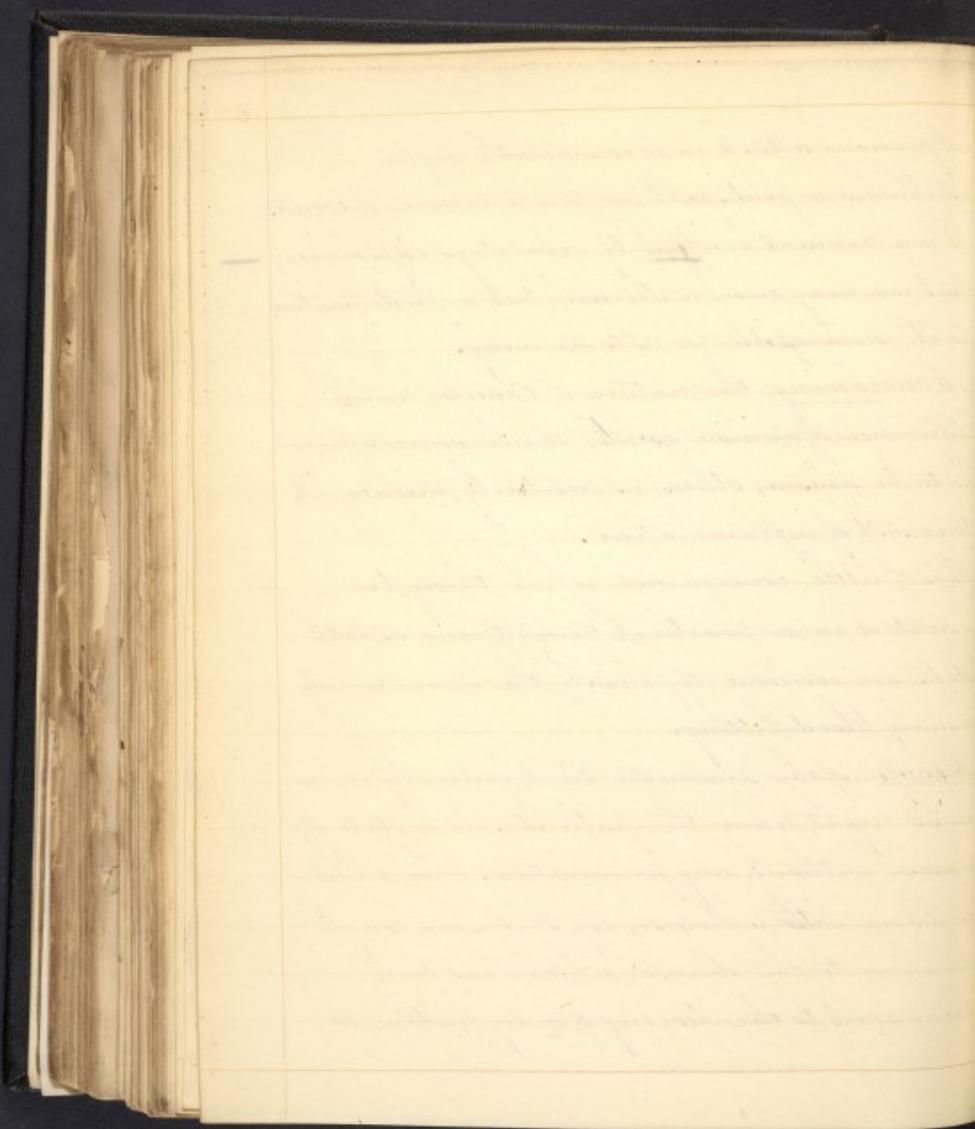


A previous attack, in a considerable degree
established, as predisposition to a recurrence of croup.
It is a remark verified by every day's experience, —
that we may cure a disease, but a predisposition
to it, is impossible for us to do away.

Concerning the nature of croup, much
difference of opinion exists; while some affirm
it to be spasm, others as positively declare it
to consist of inflammation.

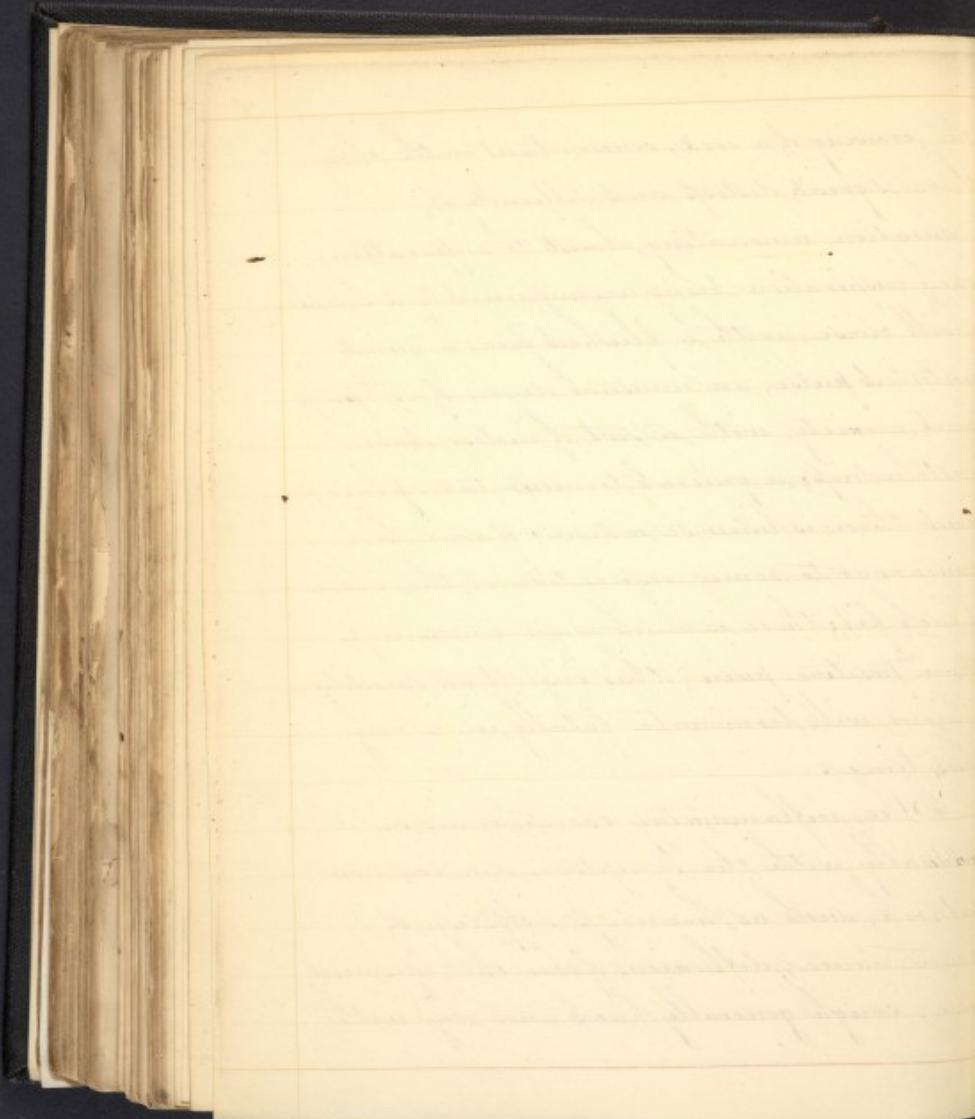
It is of little consequence which theory be
adopted in a practical point of view, as both
states are overcome by precisely the same remedy,
namely blood-letting.

Croup, of the spasmodic kind, generally comes
on at night, when the patient is in a state of
repose, without any provocation. The child
wakes up with a hoarse, dry, stridulous cough
peculiar to the disease, which has been
compared to the screeching of a dry piston, or



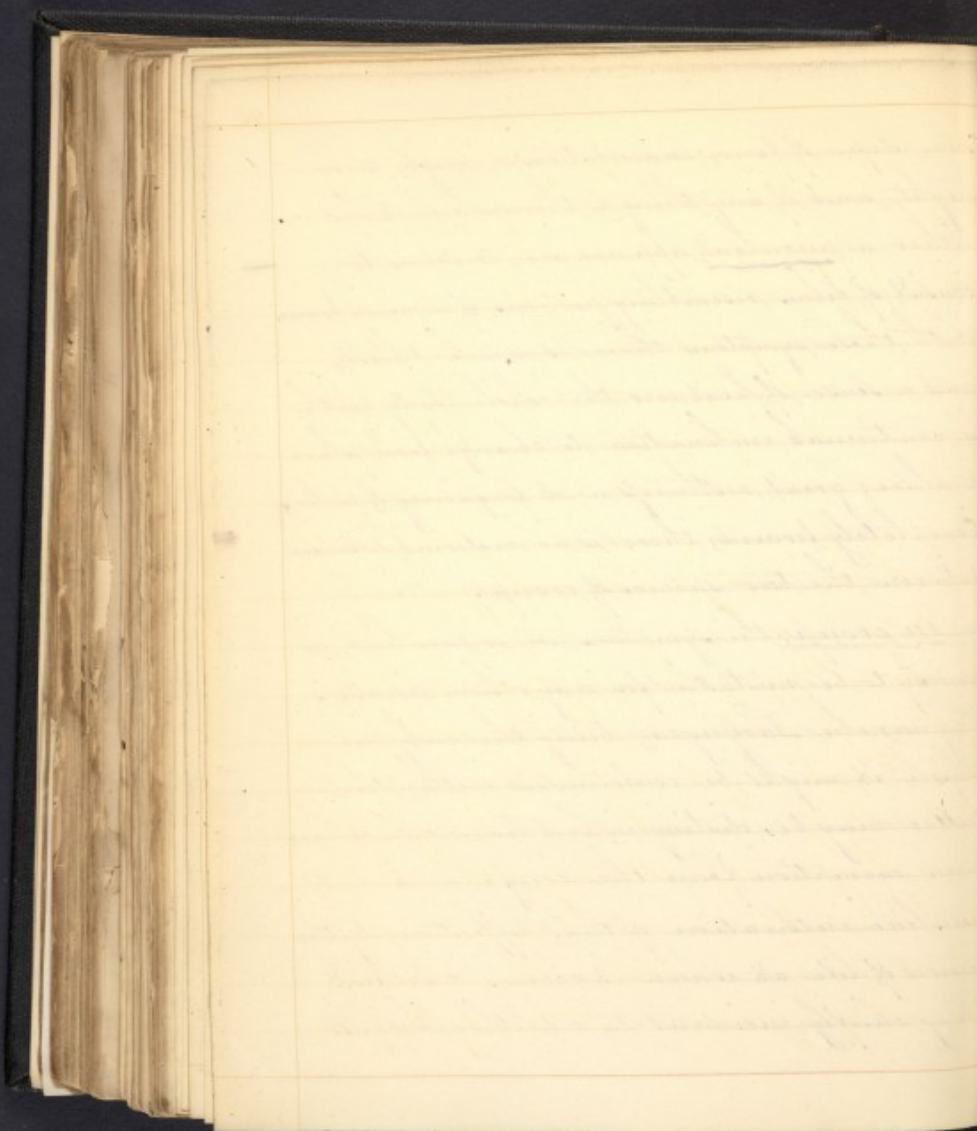
the crowing of a cock; concomitant with this, there is great distress, and difficulty of respiration, amounting, almost to suffocation, each inspiration being accompanied by a harsh shrill noise, with a flushed face, a quick irritated pulse, an unusual degree of restlessness and anxiety, with a sort of indescribable wretchedness; a general tremor takes place, and there is likewise a kind of convulsive endeavour to renew respiration; at the close of each fit, there is much more uneasiness than positive pain; this case if not speedily relieved, will terminate fatally in a very short time.

The inflammatory croup comes on gradually with the symptoms of a common catarrh, such as heaviness, diffusion of countenance, disfusions from the eyes and nose, cough generally hard and dry, with



some degree of fever, exacerbations of cough every night, and if any thing is thrown up it has either a purulent appearance, or seems to consist of films resembling portions of a membrane. With these symptoms there is much thirst, and a sense of heat over the whole body with a continual inclination to change from place to place; great restlessness and frequency of pulse, completely formed; there is no material difference between the two species of croup.

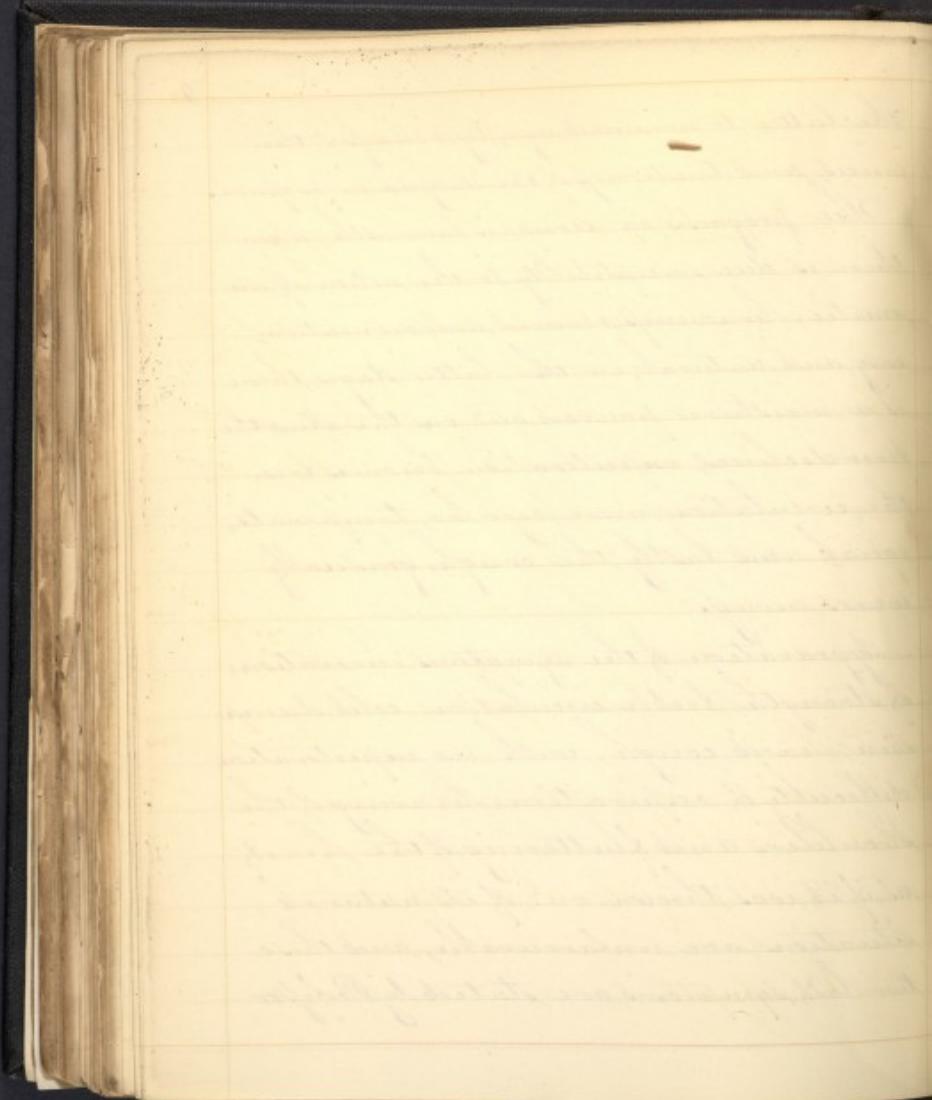
In croup, the symptoms are so peculiar, as scarcely to be mistaken for any other disease. Cynanche Laryngea, being the only one, which it might be confounded with; the latter may be distinguished from the former by an exemption from the cough, and peculiar intonation of that affection, by the period of life at which it occurs, the first being chiefly incident to childhood, whilst



the latter to advanced age, by redness of the fauces, and tenderness of the Paroxysm on pressure.

The progress in croup is favourable, when there is due susceptibility to the action of an emetic, hoarseness removed, and respiration, easy and natural; in the latter stage, there is a moisture poured out on the skin; the fever declines, expectoration becomes free, the circulation more regular, temperate, equal, and lastly the cough gradually wears away.

Aggravation of the symptoms invasions of strength, feeble circulation, cold damp skin, hard cough, with no expectoration, difficulty of respiration, heaving of the shoulders and fluttering of the heart, as if it was thrown out of its natural situation, are unfavourable, and these two last symptoms are stated by Professor

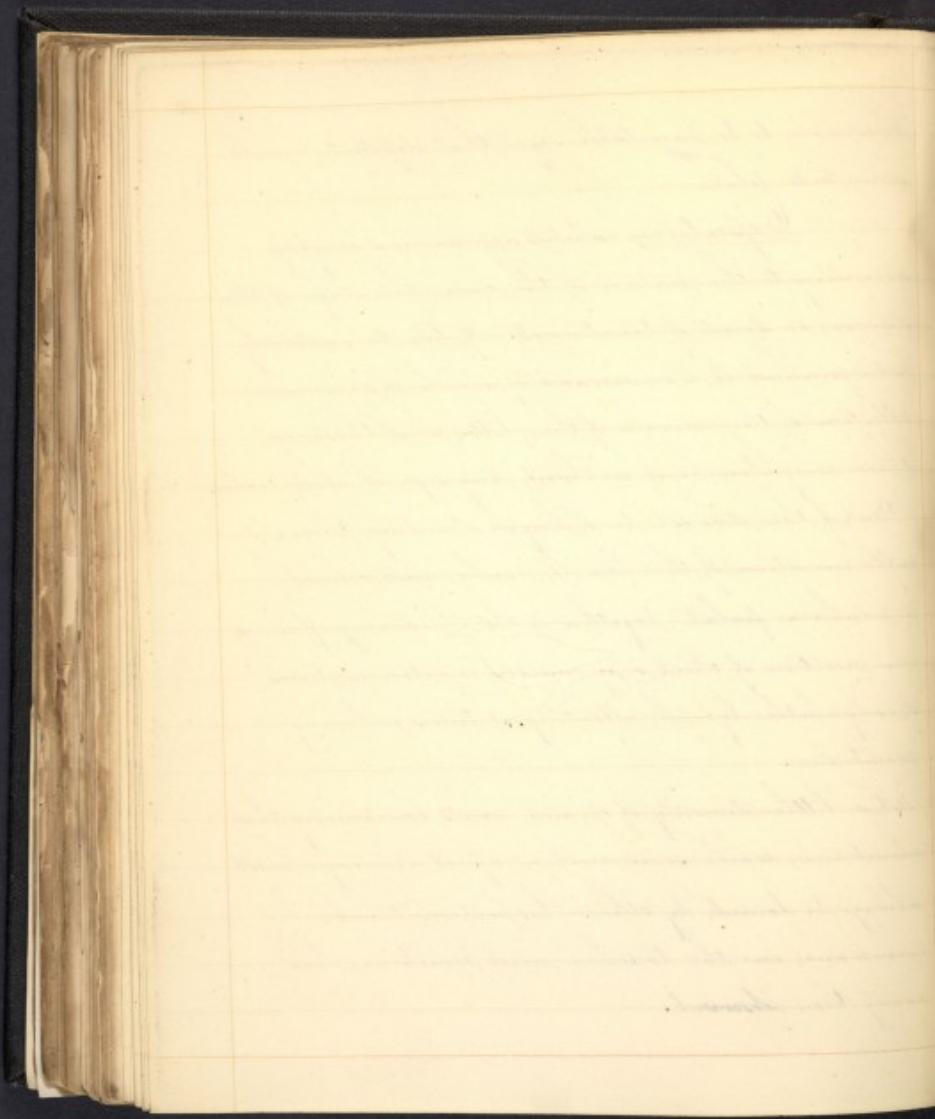


Chapman, to be inevitable, signs that dissolution will soon take place.

Dissection, exhibits appearances, varying, according to the nature of the case, the stage of the disease, or kind of treatment. If life be suddenly extinguished it is occasioned by a violent spasmodic affection of the muscles of the glottis, and those in their neighbourhood, without any sign of inflammation.

But if the disease be of longer standing, there is inflammation of the tonsils, uvula, and voluminous pendulum palati, together with thickening effusions, or a secretion of thickropy mucous, or extravasations of coagulable lymph, affording at times a shining membrane.

Not a little diversity of opinion exists concerning this membrane, while some writers assert it may almost always be found, by others this unnatural membrane, in the trachea, and bronchia, has rarely been observed.



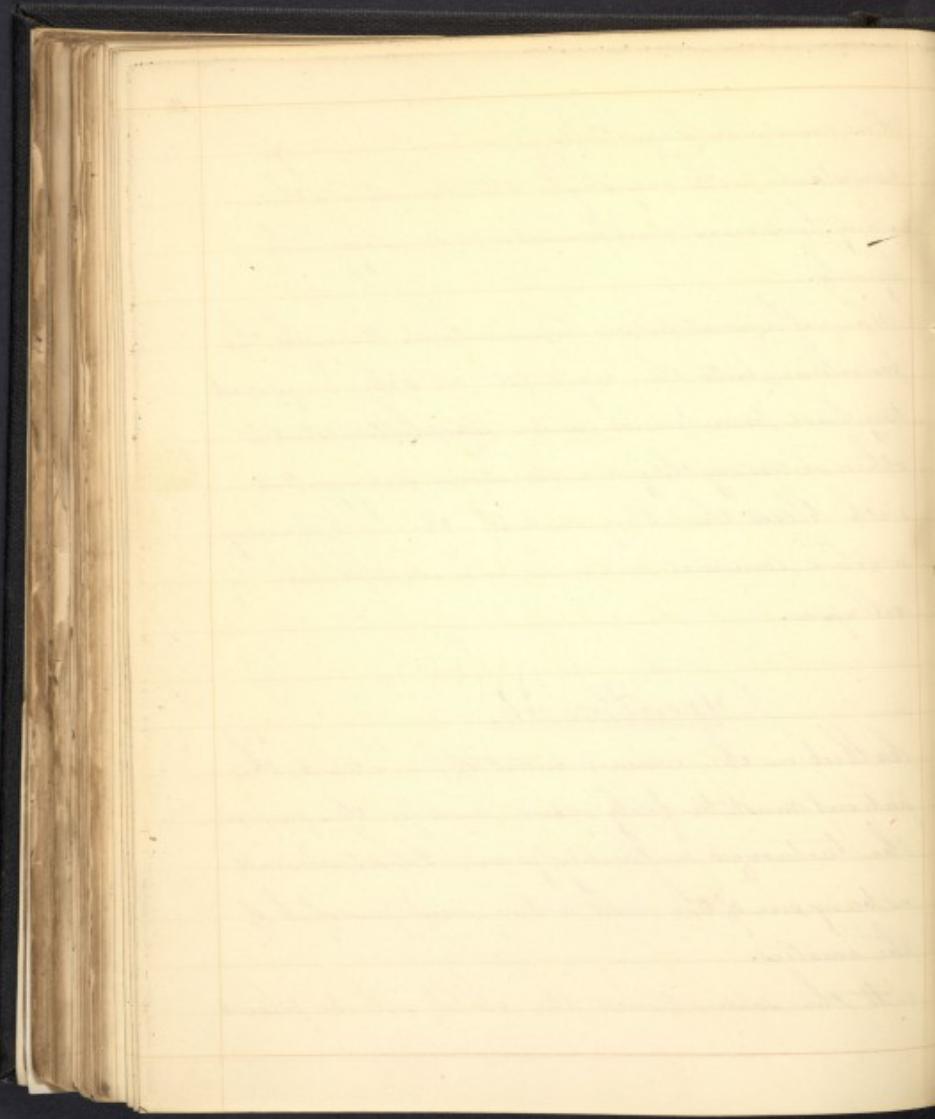
This membrane is sometimes yellow, and of a pulpy consistence, with very slight attachment; at others, it is very tenacious and formed of pure coagulable lymph.

The inflammation sometimes extends through the bronchia, into the very substance of the lungs, and they have been found in an apoplectic state; other writers say they are sometimes so congested with blood that they resemble the liver, forming a solid compact mass, which would not collapse.

Treatment.

Called in the commencement of an attack, the patient must be freely purged, and for this purpose, the tartarized antimony given at short intervals, as being one of the most active and powerful of the emetics.

At the same time, the child is to be placed

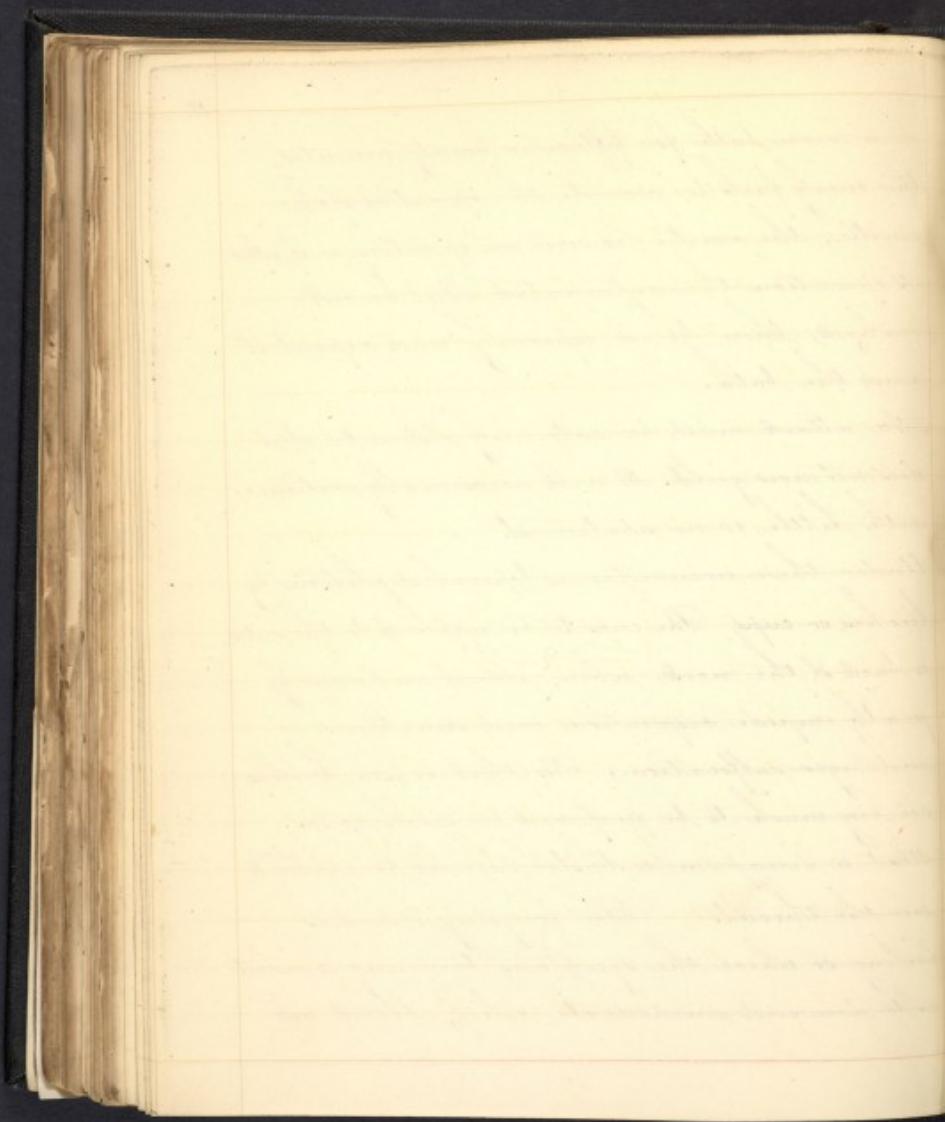


in a warm bath for fifteen or twenty minutes; this rarely fails to promote the operation of the emetic, the emetic however, not operating, or if, after its operation the anticipated effect be not realized, then bleed copiously, and repeat it and the bath.

An attack must be extremely obstinate, if it does not now yield. It will occasionally continue with little, or no abatement.

Under these circumstances, topical depletion by leeches, or cups. The cups to be applied to the sides or back of the neck, when placed anteriorly greatly impede respiration, and sometimes endanger suffocation; For that reason, leeches are very much to be preferred in such cases.

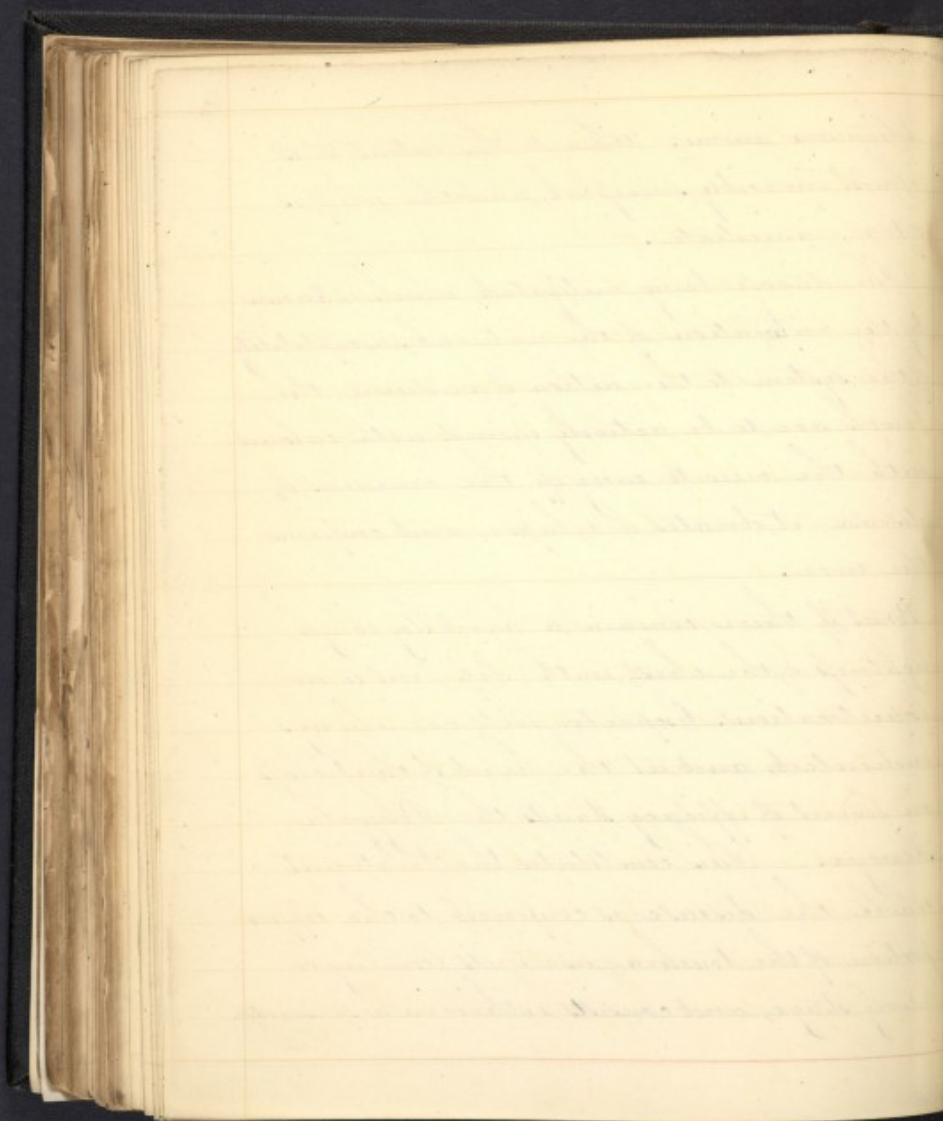
Next, a sanguinum, or blister, should be applied over the throat. The foregoing remedies failing, or where the symptoms become so violent as to demand immediate relief, bleed ab-



delirium animi; when to this extent, it is almost invariably successful, and the relief is often immediate.

The disease being mitigated, which is known by the restoration of the natural susceptibility of the system to the action of medicine, the bowels are to be actively opened with calomel with the view to carry off the remains of disease; it obviates a relapse, and confirms the cure.

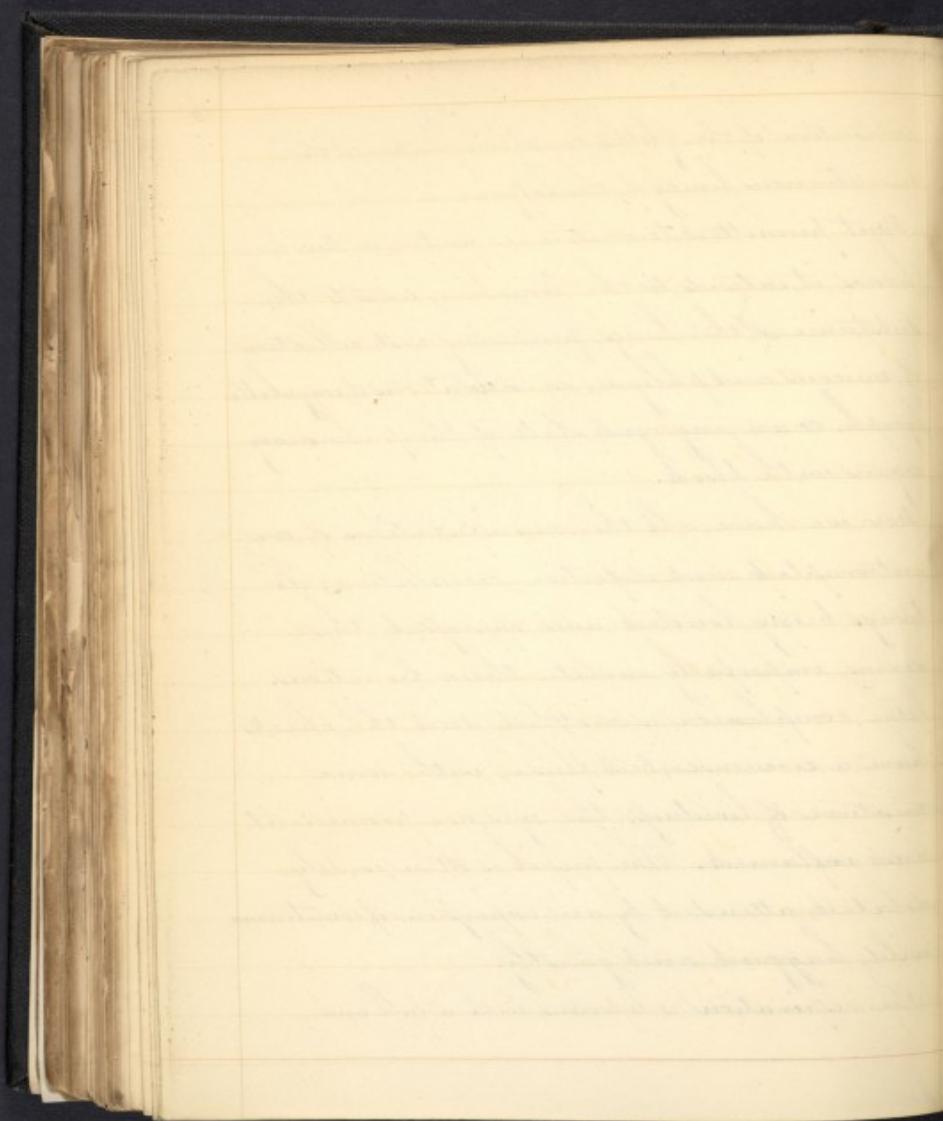
But if there remain a harsh dry cough, tightness of the chest, with deficient or no expectoration. Expectorants are always indicated, and at the head of that class in point of efficacy stands the Phlegala Seneca. This constitutes the treatment while the disease is confined to the upper portion of the trachea, as in its forming or early stage, and consists either in a spasmodic



constriction of the glottis, or inflammation of the membranous lining of the larynx.

But permitted to continue for ten, or twelve hours, it extends to the bronchiae, and to the substance of the lungs, producing vast collections of mucus and phlegm, or excretions of coagulable lymph, or an engorged state of the pulmonary organs with blood.

Now we have all the manifestations of an interrupted and defective circulation; the lungs being loaded, and oppressed, these organs imperfectly execute their functions. The complexion is mottled, and the cheeks have a circumscribed flush, with some mixture of lividness; the eyes are prominent and inflamed. The pupil is often widely dilated, attended by an expression of countenance wild, haggard, and ghastly. The respiration is laborious, with a full and

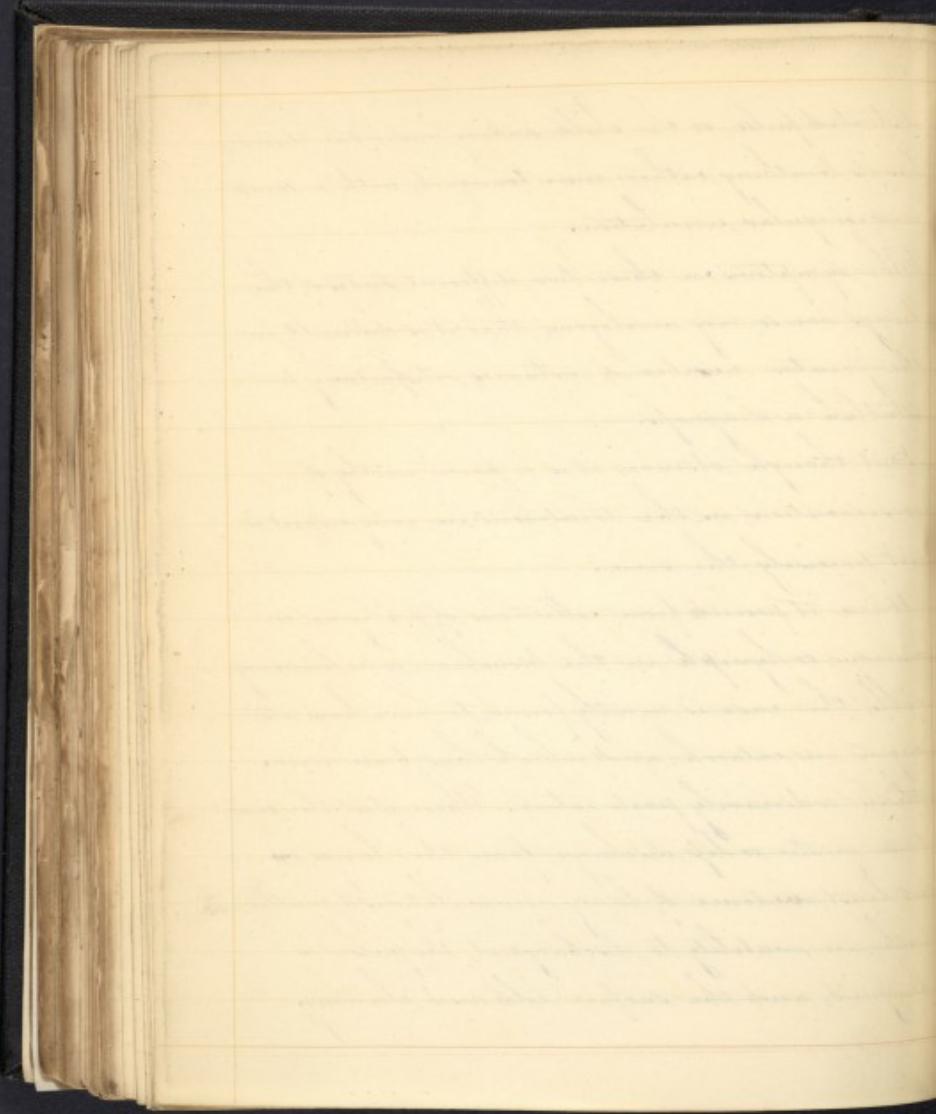


disturbed pulse, or the child, sinking under the disease, has its breathing rather more tranquil, with a weak and irregular circulation.

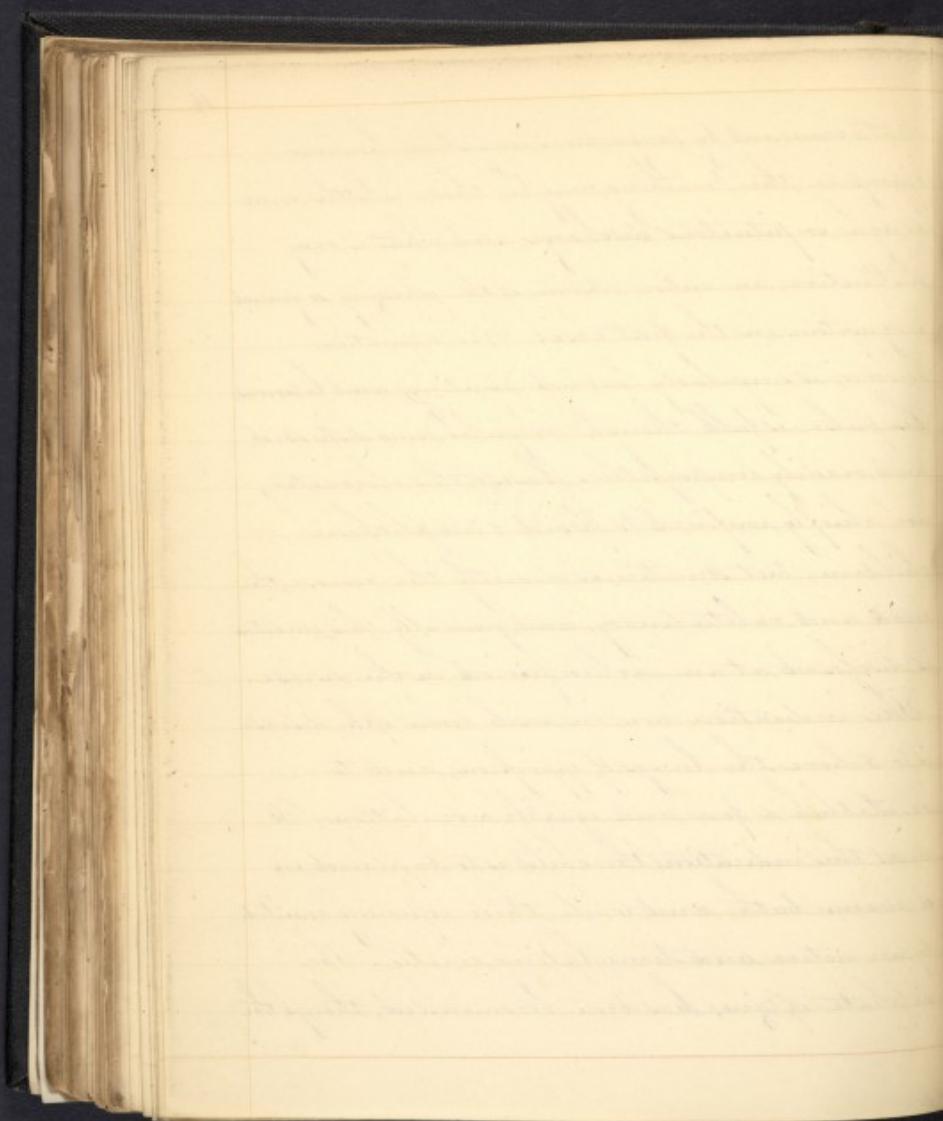
The symptoms in these two different states of the lungs, are so very analogous, that it is difficult, in the greater number of instances, satisfactorily to establish a diagnosis.

But though obscure, it is a point worthy of consideration, as the treatment in every respect is not precisely the same.

When it proceeds from collections of phlegm, or mucus, or lymph, in the bronchia, or pulmonary cells, the case is mostly found, to have had its origin in catarrh, and which has been more than ordinarily protracted. There is at the same time, either a dry, discharge from the lungs, or at least evidence of heavy accumulations of matter, with an inability to discharge it, the pulse is languid, and the surface cold, and clammy.

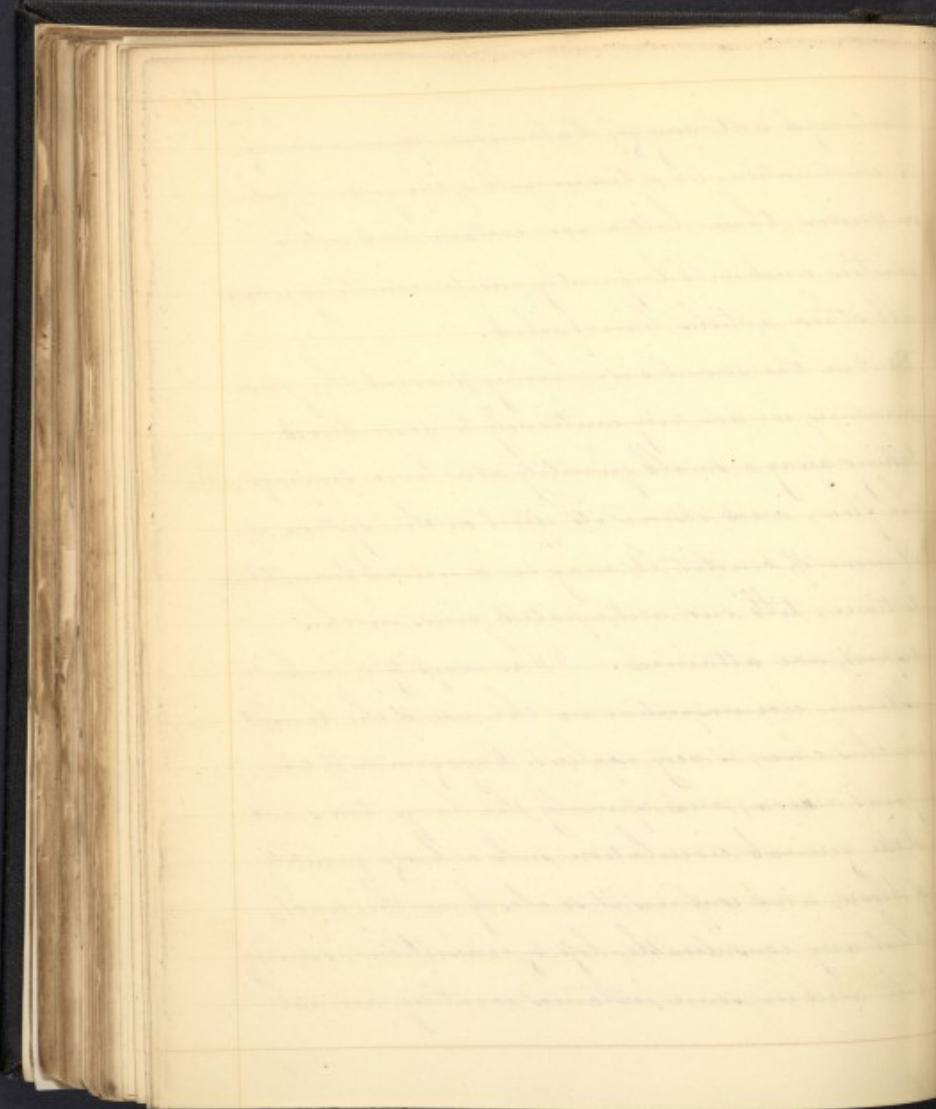


But, occasioned by sanguineous congestion, however oppressive the breathing may be, there is little or no cough, or putridous discharge; and what is very distinctive, an entire absence of the wheezing, so general a symptom in the first case. The respiration, however, is singularly hurried, panting and laborious. The pulse, is full, though irregular, and disturbed, and readily compressible. Cases of this character, are chiefly confined to florid and plethoric children, but sometimes directly the reverse, the weak and valetudinary, and generally this condition is discovered at an earlier period in the disease. The indication now in such form of the disease, is to relieve the lungs of oppression, and to re-establish a free and equable circulation. To meet this indication, the child is to be placed in a warm bath, and while there copiously vomited by an active and stimulating emetic. The sulphate of zinc, has been recommended, though the



Tartarized antimony, &c; Calomel, &c; Ipecacuanha, &c;
in combination. Or a teaspoonfull of the juice of Garlic,
or Onions, these latter are certain and active
emetics, and will frequently excite vomiting when
all other articles have failed.

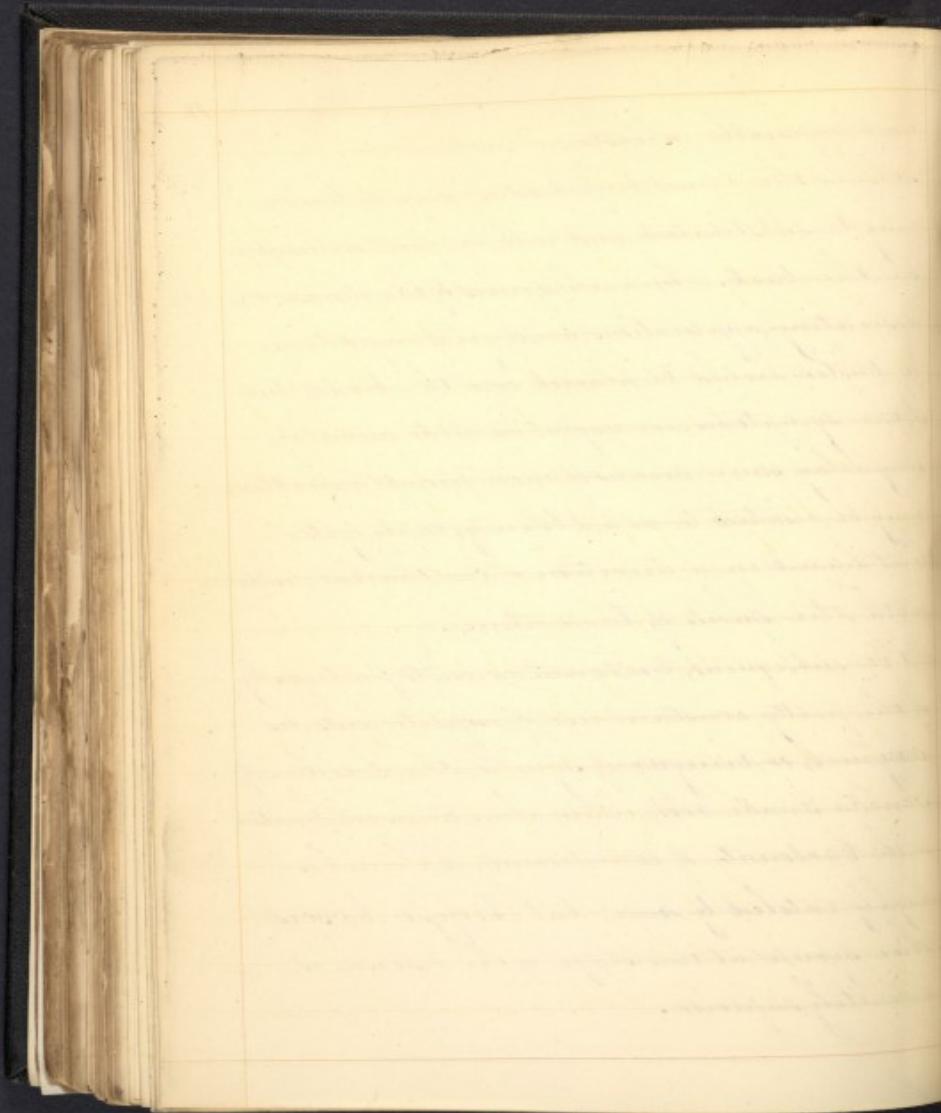
But in the second case, having pursued the same
measures, we are very cautiously to draw blood
taking away a small quantity at a time, suppose
the flow, and observe its effect on the system, if
it prove of benefit, it may be renewed from time
to time, till our anticipated views in this
respect, are attained. The necessity of such
extreme circumspection in the use of the lancet,
in this case, is very explicit. Engorgement of the
great viscera, and especially the lungs takes out
of the general circulation, such a large quantity
of blood, and confines it so closely in the parts,
that any considerable loss by exsanguination is sensibly
felt, and in some instances creating, prompt



and irreparable exhaustion.

Should the lancet be forbidden, cups or leeches may be substituted, and will be most serviceable on the back. In each species of the disease, the vesicating applications are of great importance; a blister should be placed over the breast, but if the symptoms are urgent as not to admit of any delay, some means of more prompt vesication may be resorted to, as hot brandy, or pledges of lint dipped in a decoction of cauthanides, mixed with the spirits of turpentine.

The subsequent treatment consists principally of the pretty constant use of expectorants, as oxymels, or vinegar of Squills, the decoction of Seneca Snake root, either alone or in combination with Carbonate of ammonia, Calomel is highly esteemed by some, but Professor Hovey's Hive syrup at this stage of the disease, is infinitely superior.

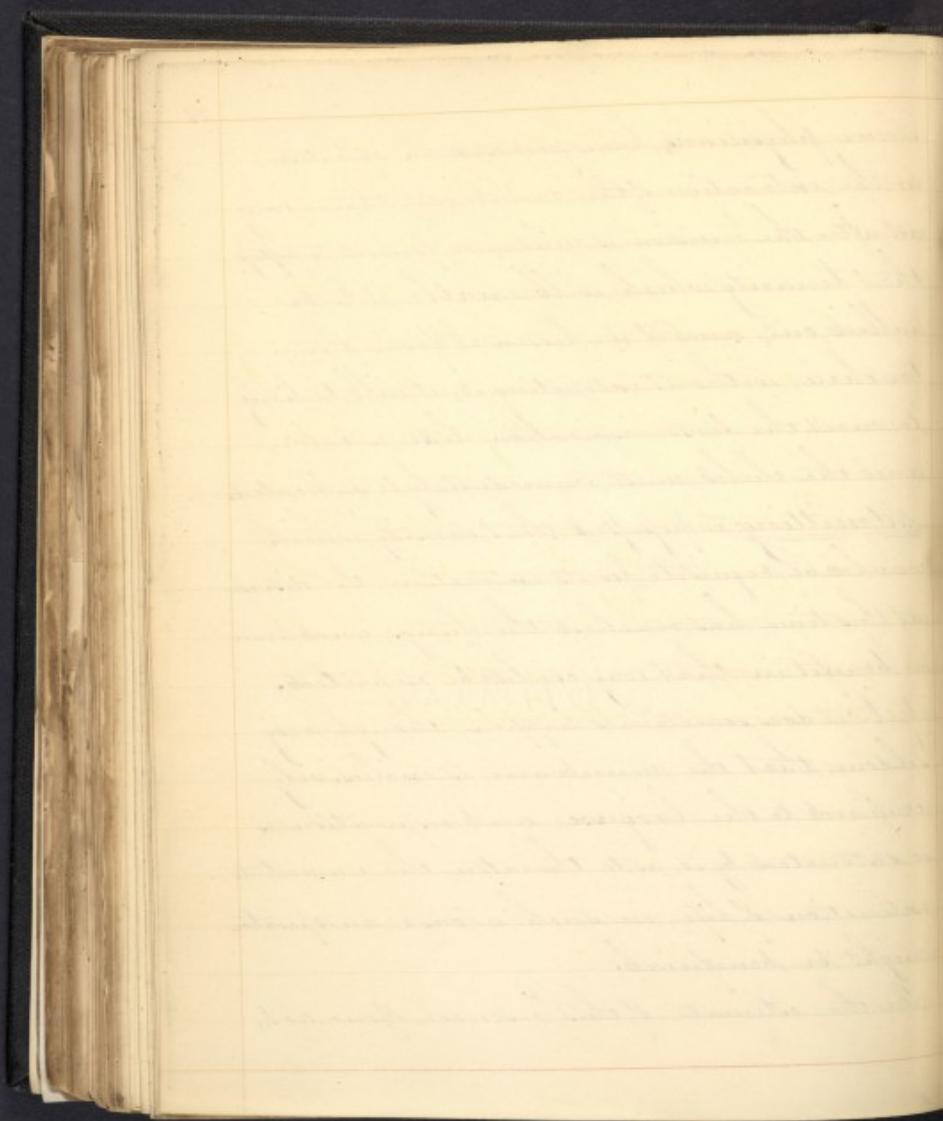


Some physicians have proposed an operation for the extraction of the membrane; that it may not after the incision is made, be found to possess that tenacity which will enable it to be pulled out, and if we loosen it from the trachea, without extracting it, it will be likely to meet the first inspiration like a valve, and the child must immediately be suffocated.

Admitting it possessed that density which would be requisite for its extraction, the disease at this time has reached the lungs, and hence no benefit in that way could be expected.

Yet it does sometimes happen, though very seldom, that the membrane is exclusively confined to the larynx, and respiration is so obstructed by it, as to threaten the immediate extinction of life; in such a case, an operation might be beneficial.

In the estimate of this resource of our art,



we ought, moreover, not to overlook the striking effect in many cases, from the impulsion of the membrane, by vomiting, coughing or sneezing.

Yet it is deemed a very desperate and precarious expedient, to be held in reserve, only for the extremest emergencies, and when common measures have altogether failed.

I will conclude, by saying, that the means of preventing an attack of the disease, are still more obvious than the plan of cure, and the object is in most instances attainable,

